

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**Homeless Youth and Exploitation (HX) Program
REQUEST FOR APPLICATION**



April 2004

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION
Homeless Youth and Exploitation (HX) Program
REQUEST FOR APPLICATION**

TABLE OF CONTENTS

I. INFORMATION

A. INTRODUCTION.....	1
B. CONTACT INFORMATION.....	1
C. APPLICATION DUE DATE	1
D. ELIGIBILITY	2
E. FUNDING CYCLE AND DURATION	2
F. PROGRAM INFORMATION	2
G. PREPARING AN APPLICATION	9

II. INSTRUCTIONS

A. THE PROJECT NARRATIVE	10
1. Problem Statement.....	10
2. Plan.....	10
3. Implementation	11
B. THE PROJECT BUDGET	11
1. The Budget Narrative	12
2. Specific Budget Categories	12
C. THE APPLICATION APPENDIX.....	13

III. FORMS

REQUEST FOR APPLICATION CHECKLIST AND REQUIRED SEQUENCE	15
APPLICATION COVER SHEET	16
GRANT AWARD FACE SHEET INSTRUCTIONS.....	17
GRANT AWARD FACE SHEET	18
CERTIFICATION OF ASSURANCE OF COMPLIANCE	19
THE PROJECT NARRATIVE	22
THE BUDGET NARRATIVE	23

III. FORMS (cont'd.)

BUDGET PAGES

 Personal Services – Salaries/Employee Benefits24

 Operating Expenses25

 Equipment.....26

THE APPLICATION APPENDIX27

SAMPLE OPERATIONAL AGREEMENT28

PROJECT SERVICE AREA INFORMATION.....29

PROJECT SUMMARY INSTRUCTIONS30

PROJECT SUMMARY.....31

PROJECT CONTACT INSTRUCTIONS33

PROJECT CONTACT INFORMATION34

ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS35

ADDITIONAL SIGNATURE AUTHORIZATION36

SOLE/SINGLE SOURCE JUSTIFICATION CHECKLIST37

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION
Homeless Youth and Exploitation (HX) Program
REQUEST FOR APPLICATION**

PART I – INFORMATION

A. INTRODUCTION

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grantee Handbook*. However, the *Grantee Handbook* provides helpful information you may wish to consult while developing your application. A copy can be obtained from website, www.oes.ca.gov. The applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

B. CONTACT INFORMATION

Cindy Chapman
Direct: (916) 324-9174
Fax: (916) 324-8554
cindy.chapman@oes.ca.gov

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax, or e-mail. However, your assigned Program Specialist is Gina Roberson. Gina will not be available until May 17, 2004. Gina's phone number is (916) 324-9197; her email is gina.roberson@oes.ca.gov.

C. APPLICATION DUE DATE

To submit an application, applicant must deliver the application to OES **by 5:00 p.m.** on the due date, or mail the proposal postmarked by the due date.

The Due Date Is: Wednesday, May 19, 2004

Should you require an extension for submitting the application, you may request one by sending an email to Cindy Chapman at cindy.chapman@oes.ca.gov.

Applicant must submit **one original and one copy** of the application to:

Governor's Office of Emergency Services
Criminal Justice Programs Division
P.O. Box 419047
Rancho Cordova, CA 95741-9047
Attn: Homeless Youth and Exploitation (HX) Program RFA – Children's Section

or

If sending application by overnight delivery, submit to:

Governor's Office of Emergency Services
Criminal Justice Programs Division
3650 Schriever Avenue
Mather, CA 95655
Attn: Homeless Youth and Exploitation (HX) Program RFA – Children's Section

D. ELIGIBILITY

To be eligible to receive funding for the HX Program, applicant must be one of the four agencies that received funding for the HX Program in the last funding year, fiscal year (FY) 2003/04. The agencies eligible to apply for funding are: Children's Hospital – Los Angeles, Larkin Street Youth Services, San Diego Youth & Community Services, and Bill Wilson Center.

E. FUNDING CYCLE AND DURATION

1. Grant Award Period

Funding for this application is for a twelve (12) month period. The grant period will begin on July 1, 2004, and end on June 30, 2005.

2. Funding Levels

Grant funding is contingent upon the Fiscal Year (FY) 2004/2005 State Budget Act being passed by the Legislature and signed by the Governor. OES does not have authority to disburse funds until the State budget is passed and the Grant Award Agreement is fully executed. Until such time, projects must refrain from incurring any expenditures. Any expenditures incurred prior to authorization are made at the project's own risk. When the executed grant is received, authorized expenditure reports may be submitted for reimbursement of grant funds.

If during the term of the grant award the funds appropriated for the purposes of the grant award are reduced or eliminated by the California Legislature, OES may immediately terminate or reduce the grant award by written notice to the grantee. However, no such termination or reduction shall apply to allowable costs already incurred by the grantee to the extent funds are available for payment of such costs.

The FY 2004/2005 Governor's Proposed Budget is anticipated to contain \$1,117,500 in state funds for the continuation funding of the Homeless Youth and Exploitation (HX) Program. Specific funding amounts for each applicant are provided in Part II, Section B: Project Budget, of this RFA.

F. PROGRAM INFORMATION

1. History and Purpose

In 2002, the former Governor's Office of Criminal Justice Planning (OCJP), the administrative agency for the Child Sexual Exploitation Intervention Program and the Homeless Youth Emergency Services Program, combined the programs to create the Homeless Youth and Exploitation Program. This programmatic change was made due to a formal recommendation by the Sexual Assault State Advisory Committee (SAC), which pursuant to Penal Code Section 13836, provides oversight over grants administered by OES for local rape, exploitation, and child sexual abuse victim counseling centers and prevention programs. The Homeless Youth

and Exploitation Program encompasses the requirements of Welfare and Institutions Code Section 13700 et seq. and Penal Code Section 13837.

The Homeless Youth and Exploitation Program is a comprehensive program to help homeless youth exit street life. Pursuant to Government Code Section 11139.3 (e), a "Homeless Youth" is defined as:

- a) A person who is at least 18 years of age, but not older than 24 years of age, and meets one of the following conditions: (i) is homeless or at risk of becoming homeless, (ii) is no longer eligible for foster care on the basis of age, (iii) has run away from home.
- b) A person who is less than 18 years of age who is emancipated pursuant to Part 6 (commencing with Section 7000) of Division 1 of the Family Code and who is homeless or at risk of becoming homeless.

Services provided under this program include: access to food, shelter, counseling, outreach services, referrals to other agencies, screening for basic health needs, and long-term stabilization planning. In addition, the program provides specialized services for youth who are involved in sexual exploitative activities. A youth is sexually exploited if he/she has engaged in survival sex, and is a male or female up to age eighteen years old who exchanges sexual favors for money or other payment, for example this includes trading sexual favors for shelter, clothing, or other goods and services. Also included are youth involved in commercial exploitation such as stripping or pornography.

2. Statutory Authority

State General Funds

State General Funds were first appropriated to the former OCJP to provide services to homeless youth as a part of the Homeless Youth Act of 1985, through Assembly Bill (AB) 1596 (Chapter 1445 of the Statutes of 1985). Senate Bill (SB) 507 (Chapter 288, Statutes of 1988) extended the Homeless Youth Act of 1985 permanently, deleting the reference to pilot projects.

Victim/Witness Assistance Funds

Legislation passed in 1979, SB 383 (Chapter 713, Statutes of 1979), providing that a person convicted of a crime of violence in California would pay a fine commensurate with the offense in addition to any other penalties. These funds then would be deposited into the Indemnity Fund of the State Treasury.

In 1981, AB 698 (Chapter 166, Statutes of 1981) created in the State Treasury a Victim/Witness Assistance Fund to be dispensed by OCJP. AB 698 mandated that funding for rape crisis centers and victim/witness assistance centers be provided from this fund. AB 1485 (Chapter 1092, Statutes of 1983) increased the size of the fund by increasing penalty assessments.

SB 588 (Chapter 1062, Statutes of 1981) amended Section 13837 of the Penal Code to authorize OCJP to provide grants to proposed and existing local child sexual abuse and child sexual exploitation counseling centers and prevention programs.

In 1982, the first legislative appropriation was made from the Victim/Witness Assistance Fund to implement the statute. The appropriation funded child sexual abuse prevention programs.

Additional funds were allocated in FY1987/1988 to provide services to child sexual exploitation victims. State General Funds were also appropriated for the program in 1987.

3. Advisory Committee

The State Advisory Committee (SAC) per Penal Code Section 13837 has oversight of the Homeless Youth and Exploitation Program in the following ways:

- The advisory committee shall approve grants provided by this chapter;
- The advisory committee shall identify the criteria to be utilized in awarding the grants provided by this chapter before any funds are allocated; and
- Maintain other standards and services determined to be appropriate by SAC.

4. Administrative Authority

OES, Criminal Justice Programs Division (CJPD), is the administrative agency for the Homeless Youth and Exploitation Program. The role of OES, CJPD is to work in conjunction with the SAC to manage and maintain the program. The activities include establishing policies dealing with the operation and direction of the program, providing staff support to the SAC, monitoring the projects and contracts selected for funding, and evaluating the program.

5. Program Criteria

The statutory requirements for funded projects include the following:

Government Code Section 11139.3 (e)

A “Homeless Youth” means either of the following:

- a) A person who is at least 18 years of age, but not older than 24 years of age, and meets one of the following conditions: (i) is homeless or at risk of becoming homeless, (ii) is no longer eligible for foster care on the basis of age, (iii) has run away from home.
- b) A person who is less than 18 years of age who is emancipated pursuant to Part 6 (commencing with Section 7000) of Division 1 of the Family Code and who is homeless or at risk of becoming homeless.

Penal Code Section 13837 Requirements

1. Provide in-person counseling and referral service during normal business hours.

The SAC has defined normal business hours to mean:

- a) 8:00 a.m. to 5:00 p.m. – when closed from 12 noon to 1:00 p.m.; or
8:30 a.m. to 5:00 p.m. – when closed for ½ hour during the lunch hour; or
9:00 a.m. to 5:00 p.m. – as long as services are available during the lunch hour.
- b) Offices must make every possible effort to have staff in the office to respond to telephone inquiries, drop-in clients or members of the public during their established business hours.

- c) Offices with a full time office worker/secretary/clerical position must have staff in their office at all times during their business hours.
- 2. Maintain other standards and services determined to be appropriate by the SAC pursuant to Penal Code Section 13837 as grant conditions.

The SAC has mandated the following services standards:

- a) Provide in-person counseling;
 - b) Provide group counseling/discussions;
 - c) Provide temporary safe shelter;
 - d) Provide training on independent living skills and survival skills; and
 - e) Provide access to or referrals to other services as appropriate.
- 3. Demonstrate the ability to receive and make use of funds available from governmental, voluntary, philanthropic, or other sources, which may be used to augment any state funds appropriated for this project, and make every attempt to qualify for federal funding. (This means projects must actively seek alternative sources of funding and use the funds in a cost-effective manner.)
 - 4. Maintain quarterly and final fiscal progress reports as prescribed by OES, CJPd.

Penal Code Section 13837 Restrictions

- 1. Funds appropriated under this program shall not supplant local funds that would be made available in the absence of state funds.
- 2. Priority must be given to centers that operate in proximity to medical treatment facilities.

Proximity is defined by OES, CJPd as having a formal referral system with the nearest general acute care hospital. An Operational Agreement (OA)/Memorandum of Understanding (MOU) must be established to satisfy this requirement.
- 3. State funds provided to established centers shall be utilized when possible, as determined by SAC, to expand the program.

Welfare and Institutions Code Section 13703 Requirements

- 1. Projects must demonstrate the ability to provide each of the services described in Section 13701, either directly or under subcontract with a competent provider.

Welfare and Institutions Code Section 13701 requires each project to provide the following services:

- a) Food and access to overnight shelter;
- b) Counseling to address immediate emotional crises or problems;
- c) Outreach services to locate homeless youth and link them with services, and drop-in facilities to make the services accessible to the street population;
- d) Screening for basic health needs and referral to public and private agencies for health care;
- e) Linkage to other services offered by public and private agencies;
- f) Long-term stabilization planning so that the youth may return home under circumstances favoring long-term reunification with the family, or so that the youth can

- be suitably placed in a situation outside the family when family reunification is not possible; and
- g) Follow up services to ensure that the return to the family or the placement outside the family is stable.
2. Projects must demonstrate their ability to work with other public or private agencies that are youth service providers.

To satisfy this requirement OES, CJPD requires a current OA/MOU with, at a minimum, the California Coalition for Youth (CCY), the California Workforce Investment Board's State or Local Youth Council, local law enforcement agencies, social service agencies, court services, city and county social service departments, mental health providers, public and private dental, medical and health treatment agencies, and victim/witness centers that serve runaway and homeless youth and sexually exploited youth.

6. Programmatic Requirements for Funded Projects

Provision of Services

All required services must be provided directly by the project or sub-contracted to another service provider. OAs/MOUs shall be developed and maintained between the project and the referral source. OAs/MOUs must clearly delineate the expectations and services of the parties involved.

In measuring the services provided to homeless youth and sexually exploited youth under this program, only the services provided by the applicant agency or sub-contractors who receive a portion of the funds to provide the services should be included.

Mandated Objectives

The Homeless Youth and Exploitation Program encompasses the requirements of Welfare and Institutions Code Section 13700 et seq. and Penal Code Section 13837.

a) Provide Outreach Services

Applicant must provide outreach services to locate homeless youth and link them with services and drop-in facilities to make services accessible to the street population. Outreach is defined as efforts to locate homeless youth as measured by the number of youth contacted on the street.

All reasonable efforts should be made to ensure this is an unduplicated measurement; each homeless youth should only be counted once.

b) Provide Food

Applicant must provide food and meals to homeless youth. This objective is to be measured by the number of meals provided to homeless youth.

c) Provide Temporary Safe Shelter

Applicant must provide shelter services to homeless youth. This objective refers to the number of homeless youth who will utilize emergency shelter services. It also includes the number of homeless youth who will be placed in medium to long-term shelter

facilities, which provide more structure and independent living arrangements such as subsidized apartments and transitional housing.

This objective is to be measured by the number of homeless youth who will receive temporary safe shelter. It should be an unduplicated measurement; each homeless youth should only be counted once regardless of the number of nights he/she stays at the shelter.

d) Provide In-Person Counseling

Applicant must provide in-person counseling to include immediate crisis counseling to address homeless youth's immediate crises or problems. Crisis counseling refers to in-person crisis intervention, emotional support, guidance, and counseling provided by advocates, counselors, mental health professionals, or peers. Applicant must also provide on-going in-person counseling to homeless youth in need of this service. This can include professional psychological and/or psychiatric treatment, drug counseling, or other type of individual counseling sessions as appropriate.

This objective is to be measured by the number of homeless youth who receive either in-person crisis counseling or on-going counseling. It should be an unduplicated measurement; each homeless youth should be counted only once regardless of the number of sessions he/she attends.

In addition, applicant must provide in-person counseling to sexually exploited youth. This includes on-going therapy to help the youth overcome issues due to the exploitation, as well as any other mental health issues. Therapy refers to intensive professional psychological and/or psychiatric treatment for individuals to provide emotional support. A youth is sexually exploited if he/she has engaged in survival sex, and is a male or female up to age eighteen years old who exchanges sexual favors for money or other payment. This includes trading sexual favors for shelter, clothing, or other goods and services. Also included is youth involved in commercial sexual exploitation such as stripping and pornography.

This objective is to be measured by the number of sexually exploited youth who receive in-person on-going counseling. To determine if a youth meets the eligibility criteria for being sexually exploited, the counselor/case manager must document in the case file how the youth has been sexually exploited. It should be an unduplicated measurement; each sexually exploited youth should be counted only once regardless of the number of sessions he/she attends.

e) Provide Group Counseling/Discussions

Applicant must hold groups to discuss issues of relevance and importance to homeless youth. Group counseling/discussions refers to the coordination and provisions of supportive group activities to include self-help, peer, social support, etc. Topics discussed during the groups must include, but are not limited to: drug abuse, pregnancy, and sexually transmitted diseases.

This objective is to be measured by the number of homeless youth who participate in these groups. It should be an unduplicated measurement; each homeless youth should only be counted once regardless of the number of groups he/she attends.

f) Provide Basic Health Care

Applicant must be able to provide basic medical services to homeless youth. At a minimum this must include: basic medical services, HIV tests, pregnancy tests, and dental services. Applicant should also provide accompaniment services when appropriate, or follow-up services to ensure the youth accesses the services.

This objective is to be measured by the number of homeless youth who receive any type of medical services or a referral for medical services. It should be an unduplicated measurement; each homeless youth should be counted once regardless of the number of services he/she receives.

g) Provide Long-term Stabilization Planning

Applicant must be able to provide homeless youth with long-term stabilization planning to help them exit street life. Long-term stabilization planning includes planning so the youth may return home under circumstances favoring long-term reunification with the family, or planning so the youth can be suitably placed in a situation outside the family when family reunification is not possible. Activities under this objective may include: providing counseling services to the youth and the parents or guardians to resolve the issues so the youth can return home, or developing an individualized plan to help the youth prepare for emancipation.

This objective is to be measured by: (a) the number of homeless youth who will be provided assistance in reunifying with their parent or guardians; and (b) the number of homeless youth who will be provided a stabilization plan when reunification is not practical. It should be an unduplicated measurement; each youth should only be counted once regardless of the number of activities he/she attends.

h) Provide Training on Independent Living Skills and Survival Skills

Applicant must be able to help homeless youth prepare for a lifestyle off the streets. This objective refers to the training and educational services provided to youth to help them exit the street. Activities under this objective must include: employment training, educational services to aid youth in obtaining their high school diploma or GED certificate, household management skills, and personal health education.

This objective is to be measured by the number of homeless youth who participate in one of the activities under this objective. It should be an unduplicated measurement; each youth should only be counted once regardless of the number of activities he/she attends.

i) Provide Access to or Referrals to Other Services as Appropriate

Applicant must have a referral system established with other private and public agencies which provide services appropriate for homeless youth. This referral system must include health/medical and/or dental services, law enforcement agencies, social service agencies, court services, and mental health agencies. Applicant should also provide accompaniment services or follow-up services to ensure the youth followed through with the referral.

It objective is to be measured by the number of homeless youth who are provided with a referral. It should be an unduplicated measurement; each youth should only be counted once regardless of the number of referrals he/she receives.

j) **Follow-up Services**

Applicant must provide follow-up services to ensure that the return to the family or the placement outside the family is stable. Follow-up refers to in-person contacts, telephone contacts, and written communications with the youth.

This objective is to be measured by: (a) the number of homeless youth who are provided with follow-up services upon reunification with the family, and (b) the number of homeless youth who are provided with follow-up services upon placement outside the family. It should be an unduplicated measurement; each youth should only be counted once regardless of the number of services he/she receives.

Paid Staff and Volunteers

A criminal record check must be performed on paid staff and volunteers working with children and youth under the age of 18 years old. This check must be completed and clearances received prior to the paid staff and volunteers coming into direct contact with these minors. Additionally, paid staff and volunteers must meet the following criteria:

- Complete a formal application that includes three references checked by the agency's designated department or staff;
- Agree, in writing, to a criminal records check;
- Receive a minimum of 40 hours of formalized training on the issues of homeless youth and exploited youth, substance abuse, sexually transmitted diseases, crisis intervention, and child abuse reporting law;
- Comply with Penal Code Section 11165 regarding mandated reporters; and
- Be supervised by the Project Director.

G. PREPARING AN APPLICATION

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following five components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

Homeless Youth and Exploitation (HX) Program

PART II – INSTRUCTIONS

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

Applicant must use the forms provided or computer-generated forms, and plain 8½" x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **Applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

A. THE PROJECT NARRATIVE

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

1. Problem Statement

The problem statement was identified in previous years of funding. Unless additional issues need to be addressed, a problem statement is not necessary for purposes of this RFA.

2. Plan

The program plan was presented in previous years of funding. Unless updates are required, applicant may summarize the goals, objectives, and activities from last year's plan. Below are the mandated objectives that must be addressed:

Mandated Objectives and Activities

For each objective, provide a quantified estimate of the services to be provided. Discuss the manner in which services will be provided, and the activities to be performed to support services. The information provided for each objective must describe the source documentation collected and maintained to measure results, and demonstrate proof of successful objective measurement (source documentation is defined as records used to validate project activities and achievements as they pertain to the objectives, e.g., intake logs, client files, progress notes, attendance rosters, sign-in sheets, etc.).

Objective A: Provide outreach services.

Objective B: Provide food.

Objective C: Provide temporary safe shelter.

Objective D: Provide in-person counseling.

Objective E: Provide group counseling/discussions.

Objective F: Provide basic health care.

Objective G: Provide long-term stabilization.

Objective H: Provide training on independent living skills and survival skills.

Objective I: Provide access to or referrals to other services as appropriate.

Objective J: Provide follow-up services.

3. Implementation

The project's ability to implement the plan was presented in previous years of funding. Unless updates are required (i.e., operational agreements or change in the agency's description), this section is not required.

Operational Agreements:

Provide copies of the applicant agency's current operational agreements with partner agencies, demonstrating the cooperative relationship and collaborative implementation of the HX Program.

B. THE PROJECT BUDGET

The purpose of the Project Budget is to demonstrate how the project will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Applicant may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable the agency to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project.

For purposes of this RFA, each project should prepare their budget in accordance with the following funding chart:

Bill Wilson Center	\$180,375	Larkin Street Youth Services	\$338,416
San Diego Youth & Community Service	\$180,375	Children's Hospital – Los Angeles	\$418,334

1. The Budget Narrative

Applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the proposal in front of the budget pages. In the narrative describe:

- How the project's proposed budget supports the stated objectives and activities in the project.
- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including qualifications or education level necessary to the job assignment.
- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

2. Specific Budget Categories

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits,
- Operating Expenses, and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

a) Personal Services – Salaries/Employee Benefits (Form A303a):

1) Salaries

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding, contract, or operational agreement, which must be kept on file by the grantee and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a grantee to be operated by another agency, the staff from the

second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

2) Benefits

Employee benefits must be identified by type and percentage of salaries. Applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

b) **Operating Expenses (Form A303b):**

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

c) **Equipment (Form A303c):**

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

C. THE APPLICATION APPENDIX

The application appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- Operational Agreements: Operational Agreements (OAs) must be dated and contain original signatures, titles, and agency names for both parties. These must demonstrate a formal system of networking and coordination with other agencies and the project. Those submitted with the application must be effective for the proposed grant year. For the purpose of this RFA, the terms operational agreement and memorandum of understanding (MOU) are synonymous. A sample operational agreement is provided in the forms section of this RFA.
- Project Service Area Information
- Project Summary
- Project Contact Form
- Additional Signature Authorization (*if applicable*)
- Sole/Single Source Justification Checklist (*if applicable*)

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

Homeless Youth and Exploitation (HX) Program

PART III – FORMS

**REQUEST FOR APPLICATION
CHECKLIST AND REQUIRED SEQUENCE**

This checklist is provided to assist the applicant in ensuring that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE
- ☐ THE PROJECT NARRATIVE
 - Problem Statement
 - Plan and Implementation
- ☐ THE PROJECT BUDGET INFORMATION
 - The Budget Narrative
 - The Budget Forms – Forms A303a, A303b, A303c
- ☐ THE APPLICATION APPENDIX
 - Operational Agreements
 - Project Service Area Information
 - Project Summary
 - Project Contact Form
 - Additional Signature Authorization (*if applicable*)
 - Sole/Single Source Justification Checklist (*if applicable*)



CRIMINAL JUSTICE PROGRAMS DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
P.O. BOX 419047
RANCHO CORDOVA, CALIFORNIA 95741-9047
(916) 324-9100
FAX: 327-5674



APPLICATION COVER SHEET

RFA PROCESS

Homeless Youth and Exploitation (HX) Program RFA

Deliver to Children's Section

Submitted by:

(Place name, address, and phone number of applicant here.)

GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the "grantee."
2. **Implementing Agency**
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person's name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**
Enter the name, title, mailing address, and telephone number of the individual ultimately responsible for the project. This information must be limited to four lines.
5. **Financial Officer**
Enter the name, title, mailing address, and telephone number of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to four lines.
6. **Award Number**
Leave blank (to be completed by OES).
7. **Grant Period**
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Grantee**
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (Form A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION
GRANT AWARD FACE SHEET (FORM A301)**

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following
Administrative Agency (1) _____

hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____

Contact _____ **Address** _____

E-mail address _____ **Telephone ()** _____

(3) Project Title (60 characters maximum)	(6) Award No.
(4) Project Director (Name, Title, Address, Telephone) (four lines maximum)	(7) Grant Period
	(8) Federal Amount
	(9) State Amount
(5) Financial Officer (Name, Title, Address, Telephone) (four lines maximum)	(10) Cash Match N/A
	(11) In-Kind Match N/A
	(12) Total Project Cost

This grant award consists of this title page, the proposal for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grantee Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;"><u>FOR OES USE ONLY</u></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p>(13) Official Authorized to Sign for Applicant/Grant Recipient</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Telephone: () _____</p> <p>E-mail address _____</p> <p>Date: _____</p> <hr/> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Fiscal Officer,</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Executive Director,</div> <div>_____ Date</div> </div>
---	---

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, _____, hereby certify that:
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

is responsible for reviewing the *Grantee Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. Equal Employment Opportunity – (*Grantee Handbook Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES- funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: _____

Title: _____

Address: _____

Phone: _____

Email: _____

II. Drug-Free Workplace Act of 1990 – (*Grantee Handbook Section 2152*)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

III. California Environmental Quality Act (CEQA) – (*Grantee Handbook Section 2153*)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

IV. Lobbying – (*Grantee Handbook Section 2154*)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (*Grantee Handbook Section 2155*) (*This applies to federally funded grants only.*)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (Applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The Applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____

Authorized Official's Typed Name: _____

Authorized Official's Title: _____

Date Executed: _____

Federal ID Number: _____

Executed in the City/County of: _____

AUTHORIZED BY:

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: _____

Typed Name: _____

Title: _____

THE PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

THE BUDGET NARRATIVE
GOES HERE

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
TOTAL	

Form A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
TOTAL	

Form A303b

BUDGET CATEGORY AND LINE ITEM DETAIL					
C. Equipment				COST	
CATEGORY TOTAL					
PROJECT TOTAL					
FUND DISTRIBUTION		FEDERAL	STATE	CASH MATCH	IN-KIND MATCH
1.	Amount of Funds				
2.	Percentage of Funds				

THE APPLICATION APPENDIX

GOES HERE

See Instructions in Part II of this RFA for details.

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For _____

For _____

Date _____

Date _____

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the principal office of the project is located.

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.

5. POPULATION OF SERVICE AREA: Enter the total population of the service area served by the project.

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the application cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

PROGRAM SPECIFIC CATEGORIES:

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY

1. PROJECT YEAR

New

Year 2

Year 3

Other _____

2. PROJECT TITLE**3. GRANT PERIOD**

_____ to

4. APPLICANT

Name:

Phone: ()

Address:

Fax #: ()

5. FUNDS REQUESTED

\$ _____

6. IMPLEMENTING AGENCY

Name:

Phone: ()

Fax #: ()

Address:

7. PROGRAM DESCRIPTION**8. PROBLEM STATEMENT****9. OBJECTIVES**

10. ACTIVITIES 	11. CATEGORY — — — —
13. EVALUATION 	12. PROGRAM AREA — — — —
14. NUMBER OF CLIENTS TO BE SERVED <hr/>	

15. PROJECTED BUDGET

	Personnel Services	Operating Expenses	Equipment	TOTAL
Funds Requested				
Other Grant Funds				
Other Sources (list in-kind, fees, etc.)				

16. NAME OF RESPONSIBLE OFFICIAL

 Signature: _____ Date: _____
 Typed Name: _____
 Title: _____

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, and e-mail address for the person having day-to-day responsibility for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the person to whom the person listed in #1 is accountable.
3. Provide the name, title, address, telephone number, and e-mail address for the Chief Executive of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the financial officer for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the project director for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the Chair of the Governing Body of the implementing agency.

PROJECT CONTACT INFORMATION

Applicant: _____ Grant Number _____

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

3. The **executive director** of a nonprofit organization or the **chief executive officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

4. The **financial officer** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

5. The **project director** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

6. The **chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

The following persons are authorized to sign for:

Project Director

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Financial Officer

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director: _____

Date

Financial Officer: _____

Date

Regional/Local
Planning Director: _____

Date

**SOLE/SINGLE SOURCE JUSTIFICATION
CONTRACTS FOR SERVICES**

CHECKLIST

Has the applicant/grantee met the following requirements of the *Grantee Handbook*:

Section 4510

Yes

No

Do conditions exist that require a sole/single-source contract?

☐☐

Section 4521

Is a brief description of the program or project included?

☐☐

Section 4522

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

Section 4523

Is an explanation provided for the uniqueness of the contract?

☐☐

Section 4524

Are there time constraints impacting the project?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐